

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re:

JAMES J THOMSEN  
LYNNETTE C HAYES-THOMSEN  
Debtor(s)

Case No. 07-15602

**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 08/28/2007.
- 2) The plan was confirmed on 11/16/2007.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 10/30/2009.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 12/11/2012.
- 6) Number of months from filing to last payment: 64.
- 7) Number of months case was pending: 66.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$8,700.00.
- 10) Amount of unsecured claims discharged without payment: \$20,229.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$51,266.19
Less amount refunded to debtor	\$486.46

<b>NET RECEIPTS:</b>	<b>\$50,779.73</b>
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**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$2,999.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$2,517.65
Other	\$0.00

<b>TOTAL EXPENSES OF ADMINISTRATION:</b>	<b>\$5,516.65</b>
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Attorney fees paid and disclosed by debtor:	\$501.00
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**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ANTIOCH CLINIC	Unsecured	68.00	NA	NA	0.00	0.00
ASSET ACCEPTANCE CORP	Unsecured	181.00	216.65	216.65	216.65	0.00
AT&T	Unsecured	278.00	NA	NA	0.00	0.00
BANK OF MAUSTON	Unsecured	4,507.00	NA	NA	0.00	0.00
BANK ONE	Unsecured	353.00	NA	NA	0.00	0.00
BURKE COUNTY CHILD SUPP ENFOR	Priority	NA	NA	NA	0.00	0.00
CARDEAN LEARNING GROUP LLC	Unsecured	2,500.00	2,013.00	2,013.00	2,013.00	0.00
CERTIFIED SERVICES INC	Unsecured	386.00	391.96	391.96	391.96	0.00
CHASE HOME FINANCE	Unsecured	NA	NA	NA	0.00	0.00
CHECK INTO CASH INC	Unsecured	1,000.00	202.63	202.63	202.63	0.00
CHECK N GO OF ILLINOIS	Unsecured	2,000.00	NA	NA	0.00	0.00
CHILDRENS MEMORIAL HOSPITAL	Unsecured	2,000.00	NA	NA	0.00	0.00
COMED LEGAL REVENUE RECOVER	Unsecured	600.00	947.49	947.49	947.49	0.00
CONDELL MEDICAL CENTER	Unsecured	649.00	NA	NA	0.00	0.00
CONSUMERS COOPERATIVE CU	Unsecured	707.00	NA	NA	0.00	0.00
CREDIT FINANCIAL	Unsecured	60.00	NA	NA	0.00	0.00
CREDIT MANAGEMENT SERVICES	Unsecured	200.00	NA	NA	0.00	0.00
CREDIT ONE BANK	Unsecured	800.00	NA	NA	0.00	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	756.00	764.75	764.75	764.75	0.00
ENH MEDICAL GROUP	Unsecured	509.00	NA	NA	0.00	0.00
EVANSTON NW HEALTHCARE	Unsecured	1,800.00	NA	NA	0.00	0.00
FIRST PREMIER BANK	Unsecured	1,200.00	NA	NA	0.00	0.00
HEALTHCARE RECOVERIES	Unsecured	348.00	NA	NA	0.00	0.00
HSBC	Unsecured	797.00	NA	NA	0.00	0.00
ILLINOIS LENDING CORP	Unsecured	NA	NA	NA	0.00	0.00
KEYNOTE CONSULTING INC	Unsecured	390.00	NA	NA	0.00	0.00
LAKE COUNTY MEDICAL GROUP	Unsecured	250.00	NA	NA	0.00	0.00
LAKE FOREST HOSPITAL	Unsecured	277.00	NA	NA	0.00	0.00
LAKE SHORE ORTHOPAEDICS	Unsecured	152.00	NA	NA	0.00	0.00
MARLO BOWMAN	Priority	NA	NA	NA	0.00	0.00
NBD SERVICE	Unsecured	387.00	NA	NA	0.00	0.00

### Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
NICOR GAS	Unsecured	700.00	626.31	626.31	626.31	0.00
NORSTATES BANK	Unsecured	295.00	NA	NA	0.00	0.00
NORTH SHORE AGENCY	Unsecured	10.00	NA	NA	0.00	0.00
NORTHEAST RADIOLOGY	Unsecured	571.00	NA	NA	0.00	0.00
NORTHWAY CASH TRANSERS.COM	Unsecured	700.00	NA	NA	0.00	0.00
NORTHWEST COMMUNITY HOSPITA	Unsecured	141.00	NA	NA	0.00	0.00
NORTHWESTERN MEMORIAL HOSPI	Unsecured	189.00	NA	NA	0.00	0.00
PIGGLY WIGGLY STORE	Unsecured	320.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	1,306.00	1,306.59	1,306.59	1,306.59	0.00
PREMIER BANKCARD/CHARTER	Unsecured	208.00	490.81	490.81	490.81	0.00
ROLLINS FAMILY DENTAL CTR	Unsecured	97.00	NA	NA	0.00	0.00
SURGEONS GROUP	Unsecured	16.00	NA	NA	0.00	0.00
TRIAD FINANCIAL CORP	Unsecured	108.00	NA	NA	0.00	0.00
VATIV RECOVERY SOLUTIONS LLC	Unsecured	NA	774.12	774.12	774.12	0.00
VISTA HEALTH	Unsecured	50.00	NA	NA	0.00	0.00
WELLS FARGO FINANCIAL ACCEPTN	Secured	30,744.89	30,744.89	30,744.89	30,744.89	6,783.88

### **Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$30,744.89	\$30,744.89	\$6,783.88
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$30,744.89</b>	<b>\$30,744.89</b>	<b>\$6,783.88</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$7,734.31</b>	<b>\$7,734.31</b>	<b>\$0.00</b>

## Disbursements:

Expenses of Administration	<u>\$5,516.65</u>
Disbursements to Creditors	\$45,263.08

**TOTAL DISBURSEMENTS :** \$50,779.73

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 03/08/2013

By: /s/ Glenn Stearns

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.